

**DEPARTMENT OF FINANCE & ADMINISTRATION  
TERMINATION NOTICE TO PAYROLL STAFF**

**FAX to: DFA Payroll Supervisor  
FAX# (501) 683-2174**

**OFFICE:**

**Personnel Area:**

**Business Area:**

**Name of Employee:**

**Personnel No:**

**Effective Date of Termination:**

**Last Day Physically Worked:**

**Total Hours to be Paid Last Check:**

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**Timekeeper**

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**Phone No.**

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**Supervisor**

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**Title**

**NOTE: This form does not replace the Change of Employment Status form that you customarily submit to HR when a termination occurs. This form is a notification to the payroll staff to verify the number of paid hours an employee should receive on his/her last check.**